



Streamlined Sales Tax Certificate of Exemption

**Do not send this form to the Streamlined Sales Tax Governing Board.
Send the completed form to the seller and keep a copy for your records.**

This is a multi-state form for use in the states listed. Not all states allow all exemptions listed on this form. The purchaser is responsible for ensuring it is eligible for the exemption in the state it is claiming the tax exemption from. Check with the state for exemption information and requirements. The purchaser is liable for any tax and interest, and possible civil and criminal penalties imposed by the state, if the purchaser is not eligible to claim this exemption.

1. ☐ Check if this certificate is for a single purchase. Enter the related invoice/purchase order # _____.

Print or type	2. A. Purchaser's name Overland Pass Pipeline Company LLC				
	B. Business address P.O. Box 2400, MD 46		City Tulsa	State OK	Country [v] Zip code 74102
	C. Name of seller from whom you are purchasing, leasing or renting				
	D. Seller's address				

3. **Purchaser's type of business.** Check the number that best describes your business.

- | | | |
|--|--|--|
| <input type="checkbox"/> 01 Accommodation and food services | <input type="checkbox"/> 08 Real estate | <input type="checkbox"/> 15 Professional services |
| <input type="checkbox"/> 02 Agriculture, forestry, fishing, hunting | <input type="checkbox"/> 09 Rental and leasing | <input type="checkbox"/> 16 Education and health-care services |
| <input type="checkbox"/> 03 Construction | <input type="checkbox"/> 10 Retail trade | <input type="checkbox"/> 17 Nonprofit organization |
| <input type="checkbox"/> 04 Finance and insurance | <input type="checkbox"/> 11 Transportation and warehousing | <input type="checkbox"/> 18 Government |
| <input type="checkbox"/> 05 Information, publishing and communications | <input type="checkbox"/> 12 Utilities | <input type="checkbox"/> 19 Not a business |
| <input type="checkbox"/> 06 Manufacturing | <input type="checkbox"/> 13 Wholesale trade | <input checked="" type="checkbox"/> 20 Other (explain)
Natural Gas Liquids Transmission |
| <input type="checkbox"/> 07 Mining | <input type="checkbox"/> 14 Business services | |

4. **Reason for exemption.** Check the letter that identifies the reason for the exemption.

- | | |
|---|--|
| <input type="checkbox"/> A Federal government (Department) * | <input type="checkbox"/> H Agricultural Production * |
| <input type="checkbox"/> B State or local government (Name) * | <input type="checkbox"/> I Industrial production/manufacturing * |
| <input type="checkbox"/> C Tribal government (Name) * | <input checked="" type="checkbox"/> J Direct pay permit * |
| <input type="checkbox"/> D Foreign diplomat # | <input type="checkbox"/> K Direct Mail * |
| <input type="checkbox"/> E Charitable organization * | <input type="checkbox"/> L Other (Explain) _____ |
| <input type="checkbox"/> F Religious organization * | <input type="checkbox"/> M Educational Organization * |
| <input type="checkbox"/> G Resale * | |

* see Instructions on back (page 2)

5. **Identification (ID) number:** Enter the ID number as required in the instructions for each state in which you are claiming an exemption. If claiming multiple exemption reasons, enter the letters identifying each reason as listed in Section 4 for each state.

ID number	State/Country	Reason	ID number	State/Country	Reason
AR			NV		
GA			OH		
IA			OK		
IN			RI		
KS	2016-007		SD		
KY			TN		
MI			UT		
MN			VT		
NC			WA		
ND			WI		
NE			WV		
NJ			WY	27000016	

6. I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

Signature of authorized purchaser Rebecca Beard	Print name Rebecca Beaird	Title Transaction Tax Manager	Date 01/01/2025
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K A N S A S

NICK JORDAN, SECRETARY

SAM BROWNBACK, GOVERNOR

DEPARTMENT OF REVENUE
AUDIT SERVICES

DIRECT PAY PERMIT

No. 2016-007

NAME: Overland Pass Pipeline Company LLC

EFFECTIVE DATE: April 1, 2016 to March 31, 2026

The above-named taxpayer is authorized to pay Kansas sales and compensating use tax directly to the Kansas Department of Revenue, rather than to its vendors. Unless otherwise authorized in writing, vendors will not collect sales or use tax on sales to the taxpayer, except as stated below.

This permit may not be used in connection with:

1. The purchase of meals, food or drinks, motor vehicles, aircraft, telephone and telegraph services, subscriber radio and television services, or admission to places of amusement or entertainment;
2. The payment of fees, charges and dues to private and public clubs or for the rental of motel rooms; or,
3. Real property construction services such as building construction, repairs, maintenance and improvements, including electrical, HVAC and plumbing work.

A copy of this permit must be filed with and retained by the seller.

This permit is nontransferable and may not be assigned to a third party.

By

A handwritten signature in dark ink, appearing to read "Michael E. Boekhaus", is written over a horizontal line.

Michael E. Boekhaus
For the Secretary of Revenue
Issued: March 25, 2016

Direct Pay Permit No:27000016

Direct Pay Start Date: 8/1/2006 12:00:00AM

The vendor shown below has registered with the Department of Revenue and has been authorized to collect the sales/use tax imposed by the sales/use tax Act of 1937, as amended, and to furnish receipts therefor. This authorization shall be valid and effective until cancelled or revoked and is not transferable.

Location: 1720 CAREY AVE
CHEYENNE WY 820010000

Issued To: OVERLAND PASS PIPELINE COMPANY LLC
OVERLAND PASS PIPELINE COMPANY LLC
PO BOX 2400
TULSA OK 741720000



Director, Department of Revenue

Certificate Print Date:6/26/2006

Direct pay permit holders shall furnish each vendor with a copy of their direct pay permit

Cut along this line to separate permit. Please retain the information below for your reference.

WYOMING DIRECT PAY PERMIT TAX REPORTING INFORMATION

1. Your filing frequency is Monthly beginning: 08/01/2006.
You will receive your return approximately the first week of the month in which it is due. Example: MONTHLY filers; January return will be received first half of February and it must be postmarked on or before the last day of February.
2. Failure to receive a return from the Department of Revenue does not relieve you from the responsibility of filing and paying the tax due on or before the due date. *Call our office for a duplicate return, if you have not received a return by the 15th of the month. Returns must be filed even if no purchases were made or any tax due.
3. The postmark date determines the timeliness of your return. Returns with a late postmark are subject to a 10% penalty plus a monthly interest rate to be determined by the State Treasurer under W.S. 39-15-108, which is calculated on a daily basis.
4. Please notify your Regional Section at the Cheyenne Office in writing if there is a change of address or ownership. Mail to: Department of Revenue, 122 W 25th St., Cheyenne WY 82002-0110. Be sure to include your Wyoming Direct Pay Permit number on any correspondence and/or remittance sent to the Department to ensure timely processing.
5. Contact your local Field Representative (identified on the enclosed listing) or Taxpayer Services at 307-777-5200.

Permit No. 27000016

Direct Pay Start Date: 8/1/2006 12:00:00A

Certificate Print Date: 6/26/2006

DBA: OVERLAND PASS PIPELINE COMPANY LLC

Owner: OVERLAND PASS PIPELINE COMPANY LLC

Mailing Address: PO BOX 2400
TULSA OK 741720000Location Address: 1720 CAREY AVE
CHEYENNE WY 820010000